Property Owner

*Mailing* Address       Email

City       , St    Zip       Phone (     )     -

*Project* Address

Project Description        sq ft

Material & Labor Costs Estimate $       Projected start date   /   /      Estimated end date   /   /

Setbacks: Front       ft Rear       ft Right side       ft Left side       ft

**FEE:** Permit Application Fee will be determined by the type and size of project. (Generally, $.15/sq ft; $40 minimum)

Contractor

Address       Email

City       , St    Zip       Phone (     )     -

Workers Compensation Insurance  Yes**\*** **or**  CE-200 form**\*+** - WC Exemption Certificate; [http://www.**wcb.ny.gov**](http://www.wcb.ny.gov/)

Liability Insurance Certificate  Yes**\*** **or**  Not required – *Please indicate why not on the back of this application.*

**\*** **Permits will NOT be issued without required *current* certificate(s) being submitted with application.**

**+** The CE-200 WC Certificate of Exemption must also be submitted by **homeowners who are performing the construction themselves**.

Plans by

Address       Email

City       , St    Zip       Phone (     )     -

The undersigned represents and agrees as condition to the issuance of this permit that said structure shall be constructed in accordance with all laws, ordinances of the Town and the State of New York Uniform Fire and Safety Prevention and Energy Code of the State of New York, and all other applicable laws, codes, and regulations.

**Owner / Agent Signature Date / /**

**OFFICIAL USE ONLY**

Code Enforcement Officer Date / /

Town Clerk Date / /

Fee Paid $ District Tax Map ID#

Approved Not approved Plans reviewed by Permit #

The applicant and/or contractor assumes responsibility for

* requesting inspections *as listed on the Building Permit*;
* giving at least 24 hours notice of inspection request; and
* obtaining a certificate of occupancy and/or compliance ***before use***.

Inspections shall be ***REQUIRED*** on the following schedule:

(*Some may or may not apply, depending upon the nature of your project*.)

* Footings before pouring concrete;
* Foundation before backfill;
* Storm lateral, sanitary lateral, drain tile, slab plumbing, septic system, or public water before backfill or covering;
* Plumbing drain line and water line shall be tested with water or air per P312 of the Plumbing Code of New York before closing walls;
* Framing before closing or covering walls;
* Insulation before closing or covering walls;
* Electrical inspection by a third party certified electrical inspector;
* Fireplace or wood burning stove and chimney before closing in wall and/or ceiling;
* Building equipment installations made to manufacturer’s specifications;
* Water test if required by the CEO yes no;
* ***Other inspections as may be required for the specific project and noted on the building permit***;
* Final Inspection

**NOTICE:**

* No structure erected or altered pursuant to this permit shall be occupied or used for any purpose *until a certificate of occupancy and/or compliance has been issued*.

**Owner / agent signature Date**

INSTRUCTIONS: Locate clearly and distinctly all buildings, whether existing or proposed, and indicate all setback dimensions from property lines. Give identifying information or deed description; show all easements, street names, and adjacent property owner names; and show well, septic, and leach field locations. Show all bodies of water, creeks, and/or shorelines. Indicate whether it is an interior or corner lot.

Rear line \_\_\_\_\_\_\_\_\_ ft.

Setback from rear line \_\_\_\_\_\_\_\_\_ ft.

Setback from Setback from

side line (A) side line (B)

\_\_\_\_\_\_\_\_\_ ft. \_\_\_\_\_\_\_\_\_ ft.

Setback from front line \_\_\_\_\_\_\_\_\_ ft.

Frontage \_\_\_\_\_\_\_\_\_ ft

**Road**